

I hereby certify that this communication is being facsimile transmitted to the United States Patent and Trademark Office to USPTO Facsimile No. (571) 273-8300, addressed to Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450, Mail Stop: Amendment on:

On: March 24, 2006

By:

Margaret A. Powers

Attorney Docket No: 0228us410

RECEIVED
CENTRAL FAX CENTER

MAR 24 2006

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of:

Poul Baad Rasmussen, *et al.*

Application No.: 10/084,706

Filed: February 26, 2002

For: Interferon-Beta Variants and Conjugates
(as amended)

Examiner: Scharaseyon, Jegatheesan

Art Unit: 1647

PETITION TO CORRECT
INVENTORSHIP PURSUANT TO
37 C.F.R. § 1.48(b)

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450
Mail Stop: Amendment

Dear Sir:

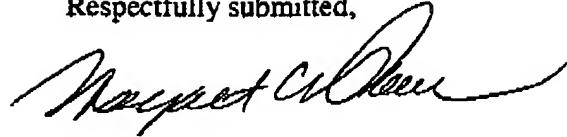
Pursuant to 37 C.F.R. § 1.48(b), please delete Joern Drustrup, Anders Hjelholt Pedersen, and Hans Thalsgard Schambye as inventors of the above-identified application. The invention(s) of Joern Drustrup, Anders Hjelholt Pedersen, and Hans Thalsgard Schambye is/are no longer being claimed in the application.

Pursuant to 37 C.F.R. § 1.17(i), please charge \$130.00 for entry and consideration of this petition to Deposit Account No. 50-0990. Please charge any other fee that is required for entry and consideration of this petition to the above noted deposit account, or credit any overpayment.

Application No.: 10/084,706
Filing date: February 26, 2002
Page 2 of 2

Attorney Docker No: 0228us410

Respectfully submitted,



Margaret A. Powers
Reg. No. 39,804

March 24, 2006
Maxygen, Inc.
Intellectual Property Department
515 Galveston Drive
Redwood City, CA 94063
Telephone: 650-298-5809
Facsimile: 650-298-5446
Customer No. 30560

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Effective on 12/03/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4810). FEE TRANSMITTAL For FY 2005		Complete if Known Application Number: 10/084,706 Filing Date: February 26, 2002 First Named Inventor: Poul Baad Rasmussen, et al. Examiner Name: Seharaseyon, Jegatheesan Art Unit: 1647 Attorney Docket No.: 022846410		RECEIVED CENTRAL FAX CENTER MAR 24 2006
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27				
TOTAL AMOUNT OF PAYMENT (\$130.00)				

METHOD OF PAYMENT (check all that apply)

☐ Check ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 50-0990 Deposit Account Name: Maxygen, Inc.

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☒ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee
☒ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☒ Credit any overpayments

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 (including Reissues)	50	25
Each independent claim over 3 (including Reissues)	200	100
Multiple dependent claims	360	180

Total Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 HP = highest number of total claims paid for, if greater than 20.

Indep. Claims: _____ Extra Claims: _____ Fee (\$): _____ Fee Paid (\$): _____
 HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____	_____	_____

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification, \$130 fee (no small entity discount)		
Other (e.g., late filing surcharge): Fee for Petition to Correct Inventors Pursuant to 37 CFR 1.48(b)		130.00

SUBMITTED BY

Signature: <i>Margaret A. Powers</i>	Registration No. 39,804	Telephone (650) 298-5808
Name (Print/Type): Margaret A. Powers		Date: 3/24/06

Certificate of Facsimile Transmission under 37 C.F.R. §1.8

I hereby certify that this communication is being facsimile transmitted to the United States Patent and Trademark Office to Facsimile no. (571) 273-8300 on the date below:

Typed or Printed Name: Margaret A. Powers Date: March 24, 2006
 Signature: *Margaret A. Powers*